

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1 THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Charleston

Township of Shannon

or
Inc. Town of Wm. Williamson

or
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Emmett Warren Lestass Brown child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Jan 19, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME August Weston

(9) PRESENT POSTOFFICE OF FATHER Wm. Williamson

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 24 Years

(12) BIRTHPLACE Charleston Co

(13) OCCUPATION Scrubman

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lottie Brown

(15) PRESENT POSTOFFICE OF MOTHER Wm. Williamson

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 14 Years

(18) BIRTHPLACE Charleston Co

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 P.M. on the date above stated. (Born alive or stillborn (Hour A. M. or P. M.))

(23) (Signature) Lessa Williams (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Wm. Williamson

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan. 30, 1922 (28) Lessa Williams Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

627

Registration District No. 106 Registered No. 4
(For use of Local Registrar)

St. Ward) (No.)

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